

STATE OF MICHIGAN COUNTY OF MACOMB 16TH JUDICIAL CIRCUIT	MACOMB COUNTY CIRCUIT COURT DRUG COURT ELIGIBILITY SCREENING	Circuit Court Case No.
		Judge

PEOPLE OF THE STATE OF MICHIGAN	v	Defendant
		Defense Counsel

Judge's Staff: Forward this form to Gloria Kmiec, Drug Court Supervisor, at the Circuit Court Administrator's Office. Fax: (586) 469-5430.			
Case adjourned to: _____ (if applicable)			
Address:	DOB:	Age:	Social Security Number:
	Home Phone:		Work Phone:
Candidate is: <input type="checkbox"/> Incarcerated <input type="checkbox"/> On bond			
Conviction leading to probation:		Sentence Guidelines:	
What is the probation violation charge?			
Case(s) in other courts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:			
Describe any new charge(s):		Sentence Guidelines:	

OFFENSE HISTORY:

Have you been convicted of criminal sexual conduct? ☐ Yes ☐ No

Are you now charged with (or in the past convicted of) a crime where you carried, possessed, or used a firearm or another dangerous weapon? ☐ Yes ☐ No If yes, please explain: _____

Are you now charged with (or in the past convicted of) a crime in which force was used against someone? ☐ Yes ☐ No If yes, please explain: _____

Are you now charged with (or convicted of) a crime during which someone died or suffered serious bodily injury? ☐ Yes ☐ No If yes, please explain: _____

Do you have any prior conviction of a felony crime of violence involving the use or attempted use of force against a person with the intent to cause death or serious bodily harm? ☐ Yes ☐ No If yes, please explain: _____

RACIAL/ETHNIC BACKGROUND:

Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Other |
| <input type="checkbox"/> Caucasian | |

GENDER:

- ☐ Male
☐ Female

MARITAL STATUS:

- | | |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Married | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Other |

EDUCATIONAL STATUS

- | | |
|--|--|
| <input type="checkbox"/> No high school degree or GED | <input type="checkbox"/> College degree |
| <input type="checkbox"/> High school degree or GED | <input type="checkbox"/> Post college degree |
| <input type="checkbox"/> Some college/post high school | |

SUBSTANCE ABUSE Number of Years of Participant Drug Use at Time of Program Entry:

- | | |
|---|---|
| <input type="checkbox"/> Two – five years | <input type="checkbox"/> Sixteen – twenty years |
| <input type="checkbox"/> Six – ten years | <input type="checkbox"/> Over twenty years |
| <input type="checkbox"/> Eleven – fifteen years | |

MEDICAL

Do you have any current medical conditions: ☐ Yes ☐ No If yes, describe: _____

If yes, are you able to participate in our program with these conditions? ☐ Yes ☐ No

Do you have any type of physical limitations? ☐ Yes ☐ No If yes, what? _____

If yes, are you able to participate in our program with this limitation(s)? ☐ Yes ☐ No

Have you ever been diagnosed with or treated for a serious mental health disorder? ☐ Yes ☐ No If yes, please describe: _____

Are you taking medication for this? ☐ Yes ☐ No If yes, what: _____

MOTIVATION TO CHANGE

Do you acknowledge that you abuse or are dependent on drugs or alcohol? ☐ Yes ☐ No

Are you willing to follow through on a 15 to 21 month intensive program, which includes substance abuse treatment, drug testing, regular reports to a probation officer, drug court sessions, education and employment?
☐ Yes ☐ No

TRANSPORTATION

Do you have access to transportation for Drug Court sessions, treatment, and tests? ☐ Yes ☐ No

Please describe: _____

Do you have a valid driver's license? ☐ Yes ☐ No If no, please explain: _____

SCREENER'S CHECKLIST

- ☐ The candidate is a resident of Macomb County and a United States citizen.
- ☐ The candidate is at least 18 years of age.
- ☐ The candidate acknowledges he or she abuses or is dependent upon drugs/alcohol.
- ☐ The candidate is not currently charged with, or convicted of a crime during which: he/she carried, possessed, or used a firearm or another dangerous weapon; death or serious bodily injury occurred to someone; or, force was used against someone.
- ☐ The candidate does not have any prior conviction of a felony crime of violence involving the use or attempted use of force with the intent to cause death or serious bodily harm.
- ☐ The candidate is not charged with OWI/OUIL 3rd Offense.
- ☐ The candidate does **not** have a **serious** mental illness, unless being managed with treatment.
- ☐ The candidate is willing to complete the Program, is physically able to participate in the Program, and has access to transportation which allows him or her to attend Program requirements.

If you cannot check all of the above boxes, candidate is not eligible and should not be referred for assessment.

Attach the Probation Basic Information Report (BIR) or PSI, if available

Screener's Signature

Approved, Defense Counsel (if not screener)

Approved, Assistant Prosecutor

☐ Referral not approved by Prosecutor.

☐ Referral approved by judge.

☐ Referral not approved by judge.

Date